

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013986

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2865

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59DATE AMENDED
3/22/63
3/22/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

April 6, 1884
78

INSTEAD OF

April 6, 1874
88Bible record dated 1850 to 1931
DOCUMENT
BY AFFIDAVIT OF Fun. Director

FILED MAR 20 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Hamilton Med Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR TOWN

Mapelwood

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

7346 Gayola

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Martha

Middle

L.

Last

White

4. DATE

OF DEATH

Month

March

Day

9,

Year

1963

5. SEX

Female

6. COLOR OR RACE

Cau.

7. Married ☐Widowed ☒

8. DATE OF BIRTH

4-6-1894

9. AGE (last birthday)

68-72

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John M. Perdue

13b. MOTHER'S MAIDEN NAME

Nancy M. Howe

14. NAME OF HUSBAND OR WIFE

Peter (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

William Perdue

Address

358 S. Ballas Rd. Kirkwood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Recent / Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 16 Nov. 1961 to March 9, 1963 and last saw her alive on Feb 26.

Death occurred at 4:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. J. McLaughlin

(Degree or title)

M.D.

22b. ADDRESS

1105 Central Ave. Clayton, Mo.

22c. DATE SIGNED

3/11/63.

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-12-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

McLaughlin

ADDRESS

2301 Lafayette Ave.

25. DATE RECD. BY LOCAL REG.

MAR 12 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 3384

P.O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

RECEIVED
JUL 1 1910
ST. LOUIS
MISSOURI